

Obituaries

DR. FRITZ HEINRICH BACHMANN of Halifax, Nova Scotia, died on June 4, 1969 at the age of 69.

Born in Augsburg, Germany, on April 5, 1900, he graduated M.D., *summa cum laude*, at the University of Munich in 1924 and was medical officer for the Hamburg-American steamship line.

In 1930 Dr. Bachmann received his L.R.C.P. and L.R.C.S. at Edinburgh and his L.R.F.P.S. at Glasgow. From 1933 to 1939 he practised in South Africa. He served with the S.A. forces in World War II and was chief medical officer at the Messina hospital of the Transvaal Development Company. Dr. Bachmann came to Canada in 1960 and was medical officer on the C.S.S. *Baffin* at the time of his death.

He is survived by his widow.

DR. STANLEY E. M. BAKER, 70 died suddenly at his Caledon East, Ontario, farm on September 28, 1969.

After graduating in medicine from the University of Toronto in 1923 he took postgraduate work in obstetrics and gynecology at Johns Hopkins Hospital, Baltimore, and opened a private practice in Toronto.

Dr. Baker was medical officer for the Canadian National Railway, Planters Peanuts, Massey-Harris and Smith Transport, and was an examiner of policemen for the St. John Ambulance. For the past 30 years he operated a farm in Caledon East and raised pure-bred Hereford cattle.

He leaves his widow, a daughter and a son, Dr. Robert S. Baker.

DR. SIDNEY R. BENNETT, formerly of Sarnia, Ontario, died in San Diego, California, in September 1969.

Born in Bona Vista, Newfoundland, he graduated M.D., C.M. at Dalhousie University in 1937 and practised in Nova Scotia until 1939, when he took postgraduate work in radiology at the University of Toronto. Following service with the R.C.A.M.C., Dr. Bennett was radiologist in Sarnia, first at Carruthers Clinic and then at St. Joseph's Hospital. In 1947 he opened a private practice in association with Dr. G. N. MacFarlane and in 1955 he went to San Diego, where he practised until mid-1969.

Surviving are his widow, three daughters, a son, a sister and a brother, Dr. W. W. Bennett.

DR. J. AUGUST COUILLARD died at his home in Vegreville, Alberta on July 16, 1969. He was 86 years of age. Retired from active medical practice, he had not been in good health for some time.

Dr. Couillard was born in Montreal on July 2, 1883. He graduated in medicine at Queen's University in 1906 and went to Alberta in 1909 and Vegreville in 1910. He was a member of The Canadian Medical Association and a Life Member of the Alberta Division.

In addition to his medical duties Dr. Couillard was a student of world affairs, and both he and his wife were members of St. Martin's Separate School Board. In recognition for over 40 years of service to the community he was presented with a plaque at a testimonial dinner a few years ago.

Surviving are his widow, a son, Dr. T. J. Couillard, four grandchildren and one great-grandson.

LE DOCTEUR VICTOR LACOURCIERE est décédé à La Malbaie, le 6 septembre 1969, à l'âge de 62 ans.

Le docteur Victor Lacourcière avait obtenu en 1934 son doctorat en médecine à l'Université Laval de Québec.

Il exerça sa profession à La Malbaie.

DR. MILTON RAYMERS, former obstetrician and gynecologist on the staff of New Mount Sinai Hospital, Toronto, died on September 24, 1969.

Born in Russia and educated at the University of Leningrad, he came to Canada in 1923 and entered the University of Toronto, graduating M.B. in 1929.

Dr. Raymers received his M.Sc. and F.A.C.O.G. at the University of Pennsylvania, did postgraduate work in London and Liverpool and served as medical officer of health in Newfoundland before joining the staff of Mount Sinai Hospital in 1935. He retired in 1967 but continued to act as a consultant.

Dr. Raymers leaves a sister, Mrs. Cecilia Fines.

DR. EGERTON RYERSON REESE GRAHAM died at Unity, Saskatchewan, on July 1, 1969, at 84 years of age. Born at Cataraqui, Ontario, on October 23, 1884, he graduated in medicine from Queen's University in 1910 and interned at the Kingston General Hospital.

Dr. Graham practised at Lloydminster, Saskatchewan, until 1914, when he joined the Canadian Army Medical Corps as a captain. He also served with the Royal Canadian Army Medical Corps during World War II.

He was in general practice at Luseland, Saskatchewan, for almost 40 years, until his retirement in 1959. A member of The Canadian Medical Association, he was a Life Member of the Saskatchewan Division of The Association.

Dr. Graham is survived by his widow, Janet Elizabeth (née Somerville); a daughter, Elizabeth Gallimore; and a son, Dr. Robert Somerville Graham. He also leaves three grandchildren.

DR. JOSEPH OTTO RUDDY, physician and surgeon of Whitby, Ontario, died July 27, 1969, at the Oshawa General Hospital. He was 68.

A graduate in medicine of the University of Toronto, 1926, Dr. Ruddy spent nine years in Peru, Venezuela and Ecuador as a medical officer for oil companies. He set up general practice in Whitby in 1944 and served as president, chief of staff and chief surgeon at the Oshawa General Hospital before retiring in 1967.

Dr. Ruddy served on the Board of Governors of the Ontario Medical Association and was a governor of Physicians' Services Incorporated. He was elected a Senior Member of The Canadian Medical Association in 1968.

As a result of his campaigning for a general hospital in Whitby, the 100-bed Dr. J. O. Ruddy Hospital is scheduled to open this October.

Surviving are his widow, Josephine; two sons, Charles and Richard; and a stepson, Philip Coulter. He also leaves a sister and three brothers.

DR. BRIAN RUSSELL, 45, medical officer of health for the Borough of North York, Ontario, died on August 13, 1969, at the Toronto Western Hospital.

A native of Belfast, Northern Ireland, he graduated in medicine from Queen's University, Belfast in 1946 and emigrated to Canada in 1957. Dr. Russell served as medical officer of health at Vermilion, British Columbia, before moving to North York where he acted as deputy to the late Dr. Carl Hill until 1965, when he assumed the post. During his four years' tenure an up-to-date preventive dental program for the schools in North York was developed.

Dr. Russell is survived by his widow, Clara (née Tuz).

DR. ARTHUR ROBERT TANNER, 57, died on August 14, 1969, in the Winnipeg General Hospital. He was born in Moosomin, Saskatchewan, the son of Dr. A. W. Tanner, who was killed in the First World War while commanding a field ambulance. Robert was educated at Moosomin and Winnipeg, graduating in medicine from the University of Manitoba in 1937.

When World War II broke out, he joined the Royal Canadian Army Medical Corps and went overseas with No. 5 Canadian General Hospital. He served in England and in Italy, including Sicily, and was mentioned in despatches. Returning to Winnipeg, he served in the R.C.A.M.C. reserve until he retired in 1955 with the rank of lieutenant-colonel.

Dr. Tanner was a member of the Department of Obstetrics and Gynecology of the University of Manitoba and chief of staff of Grace Hospital. His administrative ability led to his selection as chairman of the Manitoba Medical Service. In 1964 he was appointed Special Assistant to the provincial Ministry of Health. He was the first president of the Manitoba Medical Service Insurance Corporation.

For many years he was a member of the Granite Curling Club, and he was a past-president of the Niakwa Golf and Country Club. His funeral took place in St. George's Church, where he was church warden from 1964 to 1966.

In 1939 he married Elizabeth Tod, who survives him, as do his daughter Frances, his son, Dr. John Robert, who is a resident in the Winnipeg General Hospital, and three grandchildren.

Much of the relative smoothness with which medicare was introduced into Manitoba was due to his wise counsel and skilful administration. One of his wartime associates referred to him as a true gentleman.

It was a pleasure to have known him.

—R.M.

DR. JAMES GORDON WELLS, former Toronto physician, died in Vancouver, British Columbia, on August 16, 1969.

Born in 1894, he graduated in medicine at the University of Toronto in 1922 and practised in the Pelee Islands, Ontario and Saskatchewan as well as in Toronto. Dr. Wells retired in 1967 after 45 years in medical practice.

Predeceased in 1968 by his wife, he leaves a son, Hunter; a daughter, Elizabeth; and five grandchildren. A sister also survives.

Unexpected Home Confinement

Reading an article in the *British Medical Journal* for September 13 (p. 646) in which Fraser analyses 100 cases of unattended home confinement in West London reminded me of my wife's consternation this July at having to play midwife to our daughter, who defeated the good intentions of the local maternity hospital by producing her third baby within a matter of minutes of having the first serious contraction. A triumph for "psycho-prophylaxis" and a perfect delivery because nobody had time to intervene.

But not all unexpected home confinements proceed so happily, as Fraser's series shows. It is an index of the changing demographic structure of London that 48 of the 100 cases were in West Indians, another 17 were in the Irish, 5 in Africans, 4 in Indians and only 23 in British. This does not however represent the true proportions of women dealt with by the maternity department of St. Mary's Hospital; there is a significantly higher incidence of B.B.A. (born before arrival) in West Indians, who make up only 26% of hospital cases.

Only one-quarter of the mothers were grand multiparae (four previous pregnancies). Seventy-nine patients had been regularly attending the antenatal clinic, and 91 were over 36 weeks. It seems that 73 of the series were in labour for four hours or less; only three had labours of over 12 hours. In 72 cases, the time interval between calling for help and delivery was less than one hour, and in 63 under half an hour. In 21 cases help was first summoned after the baby was born. In 94 cases an ambulance arrived within one hour of being summoned.

Most of the women had their babies on a bed, but other less favourable sites were chosen. Seven had their baby on the toilet, and three of these babies died. Out of the whole series, only one woman had a qualified attendant present, but in 48 cases a midwife got there in time to deliver the placenta.

There was an increased hazard of postpartum hemorrhage, presumably due to the absence of skilled assistance and of ergometrine. Perinatal mortality was 8%.

A curious variety of reasons for the predicament were advanced by the women. In 40 cases, the rapidity of labour was sufficient alone to explain the case, but in other cases nobody was around to call an ambulance or to look after the other children. Some did not realize that they were in labour, one woman had the idea that a first labour must last 18 hours, and another had been told that first babies were never born on a Friday.

The author emphasizes that in a large number of cases there had been a complete failure of communication between the hospital and the patient, and that hospital staff often do not understand how ignorant their clients are about the fundamental principles of childbirth. And lest you think that your girls in Canada are more obstetrically sophisticated than ours in London, I might mention that only a couple of years ago a quite bright and well-educated Canadian young woman confided to us that early in her pregnancy she still thought that she would have to be cut to have the baby delivered—and she was not thinking of episiotomy either!

Microbial Causes of Mental Retardation

We are beginning to think in terms of prevention of mental retardation, although in most cases we do not know where to start because the etiology is unknown. The biggest single group of cases in which the fetologist of the future may be able to intervene is mongolism, which accounts for 10 to 15% of the mentally retarded. The possible prevention of fetal infection brings up the question of the incidence of mental retardation due to this cause, and Stern and his colleagues from St. George's Hospital, London, have been looking at the evidence for congenital infection

with cytomegalovirus, rubella virus and toxoplasma in a group of mentally retarded children living at home (*Lancet*, 2: 443 [August 30], 1969).

Over three years, cytomegalovirus was isolated from 23 newborn babies at their hospital: only half of these showed the typical picture of cytomegalic inclusion disease, with jaundice, enlarged spleen and liver, purpura and severe anemia. Five of those with the typical disease died, but none of the others. Of the total of 23 children 6 were found to be mentally retarded later. The authors then tested for cytomegalovirus complement-fixing antibody in 475 children under 6 years old and all registered as mentally retarded. Of the 475 some 58 had antibodies, as against 10 out of 154 normal children; when microcephalic children were considered alone, the antibody incidence rose to 22% (4 of the 6 retarded in the first study of neonates were microcephalic). The authors note that even if only 1% of the newborn in the U.K. excrete cytomegalovirus, this will amount to 8000 congenital infections, and perhaps 800 mentally retarded a year. A serological search for rubella virus neutralizing antibodies suggested that the overall contribution of rubella to mental deficiency was small. There were actually only 6 out of 275 children with a history of maternal rubella, and the differences in antibody prevalence between mentally retarded children and normals were not significant.

Studies of toxoplasma antibody in serum indicated that congenital toxoplasmosis may account for about 1% of all cases of mental retardation. It seems that cytomegalovirus is the most important of the three as regards its contribution to the total pool of the mentally deficient, although rubella will become important also in epidemic years. There is an obvious need for more large-scale prospective studies of infection during pregnancy if accurate figures are to be obtained.